

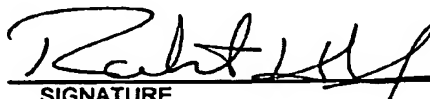
- a. ☐ A check in the amount of \$ _____ to cover the above fees is enclosed.
- b. ☒ Please charge my Deposit Account No. 11-0600 in the amount of \$ 1350.00 to cover the above fees.
A duplicate copy of this sheet is enclosed.
- c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment of Deposit Account No. 11-0600. A duplicate copy of this sheet is enclosed.
- d. ☐ Fees are to be charge to a credit card. **WARNING** : Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.37(a) or (b)) must be filed and granted to restore the International Application to pending status.

SEND ALL CORRESPONDENCE TO:

CUSTOMER NO. 53000

KENYON & KENYON LLP
Suite 700
1500 K Street, NW
Washington, DC 20006-1257
(202) 220-4200
Fax: (202) 220-4201



SIGNATURE

Robert L. Hails, Jr.

June 28, 2006

NAME

DATE

39,702

REGISTRATION NUMBER